

<b>United States Bankruptcy Court Northern District of Illinois</b>						<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>Payton, James Arthur</b>				Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Payton, Kimberly Ann</b>			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>None</b>				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): <b>None</b>			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>5870</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>0885</b>			
Street Address of Debtor (No. and Street, City, and State) <b>812 East Blvd Lilymoor, IL</b>				Street Address of Joint Debtor (No. and Street, City, and State) <b>812 East Blvd Lilymoor, IL</b>			
ZIPCODE <b>60051</b>				ZIPCODE <b>60051</b>			
County of Residence or of the Principal Place of Business: <b>Mchenry</b>				County of Residence or of the Principal Place of Business: <b>Mchenry</b>			
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):							ZIPCODE
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  _____		<b>Nature of Business</b> (Check <b>one</b> box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  _____ <b>Tax-Exempt Entity</b> (Check box, if applicable)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts			
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Check one box: Chapter 11 Debtors</b> <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000 ----- <b>Check all applicable boxes</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes, in accordance with 11 U.S.C. § 1126(b).			
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							<b>THIS SPACE IS FOR COURT USE ONLY</b>
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1000-5000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
<b>Estimated Assets</b> <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							

**Voluntary Petition**

(This page must be completed and filed in every case)

Document Page 2 of 82

Name of Debtor(s):

James Arthur Payton &amp; Kimberly Ann Payton

**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)Location  
Where Filed: NONE

Case Number:

Date Filed:

Location  
Where Filed: N.A.

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: NONE

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.  
I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).

X /s/ Scott A. Bentley 8 February 2008  
Signature of Attorney for Debtor(s) Date

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

☐ Landlord has a judgment for possession of debtor's residence. (If box checked, complete the following.)\_\_\_\_\_  
(Name of landlord that obtained judgment)\_\_\_\_\_  
(Address of landlord)☐ Debtor claims that under applicable non bankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1) (1/08)

Document

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Page 3

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

James Arthur Payton &amp; Kimberly Ann Payton

**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ James Arthur Payton

Signature of Debtor

**X** /s/ Kimberly Ann Payton

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

8 February 2008

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)



I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.



Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

**Signature of Attorney\*****X** /s/ Scott A. Bentley

Signature of Attorney for Debtor(s)

SCOTT A. BENTLEY 6191377

Printed Name of Attorney for Debtor(s)

Firm Name

661 Ridgeview Drive

Address

McHenry, IL 60050

815-385-0669

Telephone Number

8 February 2008

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

Official Form 1, Exhibit D (10/06)

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

James Arthur Payton & Kimberly Ann  
Payton

In re \_\_\_\_\_  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

**Official Form 1, Exh. D (10/06) – Cont.**

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.]**[Summarize exigent circumstances here.]* \_\_\_\_\_

---

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.]* *[Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ James Arthur Payton  
JAMES ARTHUR PAYTON

Date: 8 February 2008

Official Form 1, Exhibit D (10/06)

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

James Arthur Payton & Kimberly Ann  
Payton

In re \_\_\_\_\_  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

**Official Form 1, Exh. D (10/06) – Cont.**

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.]**[Summarize exigent circumstances here.]* \_\_\_\_\_

---

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.]* *[Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Joint Debtor: /s/ Kimberly Ann Payton

KIMBERLY ANN PAYTON

Date: 8 February 2008

**B6 Cover (Form 6 Cover) (12/07)**

## **FORM 6. SCHEDULES**

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

**GENERAL INSTRUCTIONS:** The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.



In re James Arthur Payton & Kimberly Ann Payton Case No. \_\_\_\_\_  
Debtor (If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C – Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Time Share Blue Green Time Share		J	6,000.00	Exceeds Value
Total ➤			6,000.00	

(Report also on Summary of Schedules.)

In re James Arthur Payton & Kimberly Ann Payton Debtor Case No. (If known)

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account First Midwest McHenry, IL 60050	J	210.00
		Checking Account 1zt National Bank of McHenry	J	300.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		household goods debtor's residence	J	400.00
5. Books, Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Miscellaneous books, pictures, etc.	J	40.00
6. Wearing apparel.	X			
7. Furs and jewelry.		furs & Jewelry debtor's residence	J	150.00
8. Firearms and sports, photographic, and other hobby equipment.		Firearms, sports equipment, etc., debtor's residence	J	150.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			

In re James Arthur Payton & Kimberly Ann Payton Debtor Case No. (If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
10. Annuities. Itemize and name each issuer.  11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)  12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X  X	401K  Scot Forge 8001 Winn Rd Spring Grove, IL 60081	J	6,801.84
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			

In re James Arthur Payton & Kimberly Ann Payton Case No. \_\_\_\_\_  
**Debtor** (If known)

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2000 Chevrolet Minivan debtor's residence	J	4,515.00
		1997 Chevrolet Lumina LS Sedan 4D debtor's residence	J	1,925.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
0 continuation sheets attached Total				\$ 14,491.84

(Include amounts from any continuation  
sheets attached. Report total also on  
Summary of Schedules.)

In re James Arthur Payton &amp; Kimberly Ann Payton

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)☐ 11 U.S.C. § 522(b)(2)☐ Check if debtor claims a homestead exemption that exceeds  
\$136,875.☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
household goods	(Husb)735 I.L.C.S 5§12-1001(b) (Wife)735 I.L.C.S 5§12-1001(b)	200.00 200.00	400.00
furs & Jewelry	(Husb)735 I.L.C.S 5§12-1001(b) (Wife)735 I.L.C.S 5§12-1001(b)	75.00 75.00	150.00
Firearms, sports equipment, etc.,	(Husb)735 I.L.C.S 5§12-1001(b) (Wife)735 I.L.C.S 5§12-1001(b)	75.00 75.00	150.00
401K	(Husb)735 I.L.C.S 5§12-1006	6,801.84	6,801.84
2000 Chevrolet Minivan	(Husb)735 I.L.C.S 5§12-1001(c)	0.00	4,515.00
1997 Chevrolet Lumina LS Sedan 4D	(Wife)735 I.L.C.S 5§12-1001(c)	1,925.00	1,925.00
Checking Account	(Husb)735 I.L.C.S 5§12-1001(b) (Wife)735 I.L.C.S 5§12-1001(b)	105.00 105.00	210.00
Checking Account	(Husb)735 I.L.C.S 5§12-1001(b) (Wife)735 I.L.C.S 5§12-1001(b)	150.00 150.00	300.00
Miscellaneous books, pictures, etc.	(Husb)735 I.L.C.S 5§12-1001(b) (Wife)735 I.L.C.S 5§12-1001(b)	20.00 20.00	40.00

**B6D (Official Form 6D) (12/07)**

In re James Arthur Payton & Kimberly Ann Payton,

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. tl-il0673-061023-1585 Illinois Title Loans 700 Front Street McHenry, IL 60050	H	Lien: Automobile Loan Security: 1997 Chevy Lumina  VALUE \$ 1,925.00				694.35	0.00
ACCOUNT NO. Nationwide Credit 3435 N. Cicero Avenue Chicago, IL 60641-3782	J	Lien: Automobile Loan Security: 2000 Chevrolet Venture  VALUE \$ 4,515.00				11,116.00	6,601.00
ACCOUNT NO.    VALUE \$							

0 continuation sheets attached

Subtotal (Total of this page)	\$ 11,810.35	\$ 6,601.00
Total (Use only on last page)	\$ 11,810.35	\$ 6,601.00

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

**B6E (Official Form 6E) (12/07)**

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**B6E (Official Form 6E) (12/07) - Cont.**

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached



B6F (Official Form 6F) (12/07)

In re James Arthur Payton &amp; Kimberly Ann Payton

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 22xxxx A/R Concepts o/b/o Anesthesia Associates 33 W. Higgins Road, Suite 715 S. Barrington, IL 60010	H	Consideration: Medical services				504.00
ACCOUNT NO. 21xxxx A/R Concepts o/b/o McHenry Radiology 33 W. Higgins Road, Suite 715 S. Barrington, IL 60010	H	Consideration: Medical services				39.00
ACCOUNT NO. A/R Concepts o/b/o McHenry Radiology 33 W. Higgins Road, Suite 715 S. Barrington, IL 60010		Consideration: Medical services				33.00
ACCOUNT NO. 32 A/R Concepts o/b/o McHenry Radiology 33 W. Higgins Road, Suite 715 S. Barrington, IL 60010	H	Consideration: Medical services				55.00
28 continuation sheets attached						Subtotal ➤ \$ 631.00
						Total ➤ \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 32639 A/R Concepts o/b/o McHenry Radiology 33 W. Higgins Road, Suite 715 S. Barrington, IL 60010	H	Consideration: Medical services				55.00
ACCOUNT NO. 189883 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				25.00
ACCOUNT NO. 220856 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				36.00
ACCOUNT NO. 284678 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				692.00
ACCOUNT NO. 189879 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				25.00

Sheet no. 1 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 833.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 189881 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				25.00
ACCOUNT NO. 260105 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				119.00
ACCOUNT NO. 284678 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				692.00
ACCOUNT NO. 285255 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				5,818.00
ACCOUNT NO. 189877 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				870.00

Sheet no. 2 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 7,524.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 189878 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				50.00
ACCOUNT NO. 189880 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				50.00
ACCOUNT NO. 189882 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				50.00
ACCOUNT NO. 189884 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				65.00
ACCOUNT NO. 220857 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				450.00

Sheet no. 3 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 665.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 220858 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				353.00
ACCOUNT NO. 220859 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				50.00
ACCOUNT NO. 220860 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				472.00
ACCOUNT NO. 220861 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				50.00
ACCOUNT NO. 220862 AAMS o/b/o Centegra NIMC PO Box 65576 Des Moines, IA 50265	H	Consideration: Medical services				50.00

Sheet no. 4 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 975.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 634394 ACC International o/b/o NIMC 919 Estes Court Schaumburg, IL 60193	H	Consideration: Medical services				173.06
ACCOUNT NO. 682892 ACC International o/b/o NIMC 919 Estes Court Schaumburg, IL 60193	W	Consideration: Medical services				255.78
ACCOUNT NO. 513001 Accounts Receivable Management o/b/o John Elstrom 7507 N 2nd Street Unit C Machesney Park, IL 61115	H	Consideration: Medical services				7,639.00
ACCOUNT NO. 168350 Allergy Asthama Associates c/o Lou Harris Company 613 Academy Drive Northbrook, IL 60062-2420		Consideration: Medical services				267.00
ACCOUNT NO. 634394 American Collections o/b/o Centegra NIMC 919 W. Estes Court Schaumburg, IL 60193	H	Consideration: Medical services				Notice Only

Sheet no. 5 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 8,334.84

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 53xxxx American Collections o/b/o Center for Neurology 919 W. Estes Court Schaumburg, IL 60193	H	Consideration: Medical services				2,450.00
ACCOUNT NO. 659762 American Collections o/b/o Family Services 919 W. Estes Court Schaumburg, IL 60193	W	Consideration: Medical services				480.00
ACCOUNT NO. 658204 American Collections o/b/o Family Services 919 W. Estes Court Schaumburg, IL 60193	W	Consideration: Medical services				436.00
ACCOUNT NO. 8515289126 Ameritech c/o Midland Credit Management 8875 Aero Drive STE 2 San Diego, CA 92123		Consideration: Credit card debt				380.00
ACCOUNT NO. 223156 Anesthesia Associates c/o A/R Concepts 2320 Dean St St Charles, IL 60175	J	Consideration: Medical services				504.00

Sheet no. 6 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 4,250.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 254027 Anesthesia Associates of Crystal Valley 4309 Medical Center Drive Suite A201 McHenry, IL 60050	H	Consideration: Medical services				621.00
ACCOUNT NO. 254027 Anesthesia Associates Crystal Valley c/o A/R Concepts 2320 Dean St suite 202 StCharles, IL 60175		Consideration: Medical services				621.00
ACCOUNT NO. NT7997 Asset Acceptance LLC o/b/o Med Clear, Inc. PO Box 2036 Warren, MI 48090-2036	H	Consideration: Medical services				337.00
ACCOUNT NO. 35229528 Asset Acceptance LLC o/b/o NICOR PO Box 2036 Warren, MI 48090-2036	W	Consideration: Gas Service				200.84
ACCOUNT NO. 18xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	H	Consideration: Medical services				25.00

Sheet no. 7 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,804.84

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 28xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	J	Consideration: Medical services				5,818.00
ACCOUNT NO. 26xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	H	Consideration: Medical services				119.00
ACCOUNT NO. 22xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	H	Consideration: Medical services				50.00
ACCOUNT NO. 22xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	H	Consideration: Medical services				50.00
ACCOUNT NO. 18xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	H	Consideration: Medical services				50.00

Sheet no. 8 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 6,087.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 18xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	H	Consideration: Medical services				25.00
ACCOUNT NO. 18xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	H	Consideration: Medical services				870.00
ACCOUNT NO. 18xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	H	Consideration: Medical services				50.00
ACCOUNT NO. 22xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	H	Consideration: Medical services				353.00
ACCOUNT NO. 18xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	H	Consideration: Medical services				65.00

Sheet no. 9 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,363.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 18xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	H	Consideration: Medical services				25.00
ACCOUNT NO. 22xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	H	Consideration: Medical services				450.00
ACCOUNT NO. 22xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	H	Consideration: Medical services				50.00
ACCOUNT NO. 22xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	H	Consideration: Medical services				472.00
ACCOUNT NO. 21xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	H	Consideration: Medical services				138.00

Sheet no. 10 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,135.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 28xxxx Automated Accounts Management Svcs o/b/o Centegra NIMC 4800 Mills Civic Pkwy - Ste 202 W. Des Moines, IA 50265-5265	H	Consideration: Medical services				692.00
ACCOUNT NO. 51/52452 Bluegreen Corporation 4960 Blue Lake Drive Boca Raton, FL 33431-4453	H	Consideration: Personal loan				80.40
ACCOUNT NO. 78783933 Centegra Health System PO Box 17 Dept. 8101-0020 Arrowsmith, IL 61722-0017	H	Consideration: Medical services				194.77
ACCOUNT NO. 80104165 Centegra Health Systems PO Box 5995 Peoria, IL 61601-5995	H	Consideration: Medical services				408.54
ACCOUNT NO. 78783988 Centegra Health Systems PO Box 5995 Peoria, IL 61601-5995	H	Consideration: Medical services				194.77

Sheet no. 11 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,570.48

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.	J	Consideration: Medical services				173.00
Centegra NIMC Payment Processing Center PO Box 17 Arrowsmith, IL 61722-0017						
ACCOUNT NO.	H	Consideration: Medical services				1,056.00
Centegra Primary Care 4301 Medical Center Drive MCHenry, IL 60050						
ACCOUNT NO. 530714		Consideration: Medical services				2,450.00
Center for Neurology c/o American Collection Corp., 919 Estes Ct Schaumburg, IL 60193-4427						
ACCOUNT NO. 37xxxx	H	Consideration: Medical services				108.00
Certified Services, Inc. o/b/o Johnsborg Dental PO Box 177 Waukegan, IL 60099						
ACCOUNT NO. Q629840	H	Consideration: Medical services				25.00
Certified Services, Inc. o/b/o NICL Laboratories PO Box 177 Waukegan, IL 60099						

Sheet no. 12 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 3,812.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Q51XXXX Certified Services, Inc. o/b/o Northern Illinois Pediatrics PO Box 177 Waukegan, IL 60099	J	Consideration: Medical services				43.00
ACCOUNT NO. Q61xxxx Certified Services, Inc. o/b/o Parmod Narang MD PO Box 177 Waukegan, IL 60099	H	Consideration: Medical services				30.00
ACCOUNT NO. 807XXXXX Exelon Comed c/o Harvard Collection Services 4839 n Elston Ave Chciago, iL 60630-2534	J	Consideration: Electric				109.00
ACCOUNT NO. 659762 Family Service Community c/o American Collection Corp., 919 Estes Ct Schaumburg, IL 60193-4427		Consideration: Medical services				480.00
ACCOUNT NO. 658204 Family Services c/o American Collection Corp., 919 Estes Court Schaumburg, IL 60193-4427		Consideration: Medical services				436.00

Sheet no. 13 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,098.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 321xxxx H & R Accounts, Inc. o/b/o Centegra Northern IL PO Box 672 Moline, IL 61266-0672	J	Consideration: Medical services				441.00
ACCOUNT NO. 3209549 H & R Accounts, Inc. o/b/o Centegra Northern IL PO Box 672 Moline, IL 61266-0672	J	Consideration: Medical services				173.00
ACCOUNT NO. 3216137 H & R Accounts, Inc. o/b/o Centegra Northern IL PO Box 672 Moline, IL 61266-0672	J	Consideration: Medical services				66.00
ACCOUNT NO. 3216138 H & R Accounts, Inc. o/b/o Centegra Northern IL PO Box 672 Moline, IL 61266-0672	J	Consideration: Medical services				441.00
ACCOUNT NO. 3216139 H & R Accounts, Inc. o/b/o Centegra Northern IL PO Box 672 Moline, IL 61266-0672	J	Consideration: Medical services				173.00

Sheet no. 14 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,294.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3216140 H & R Accounts, Inc. o/b/o Centegra Northern IL PO Box 672 Moline, IL 61266-0672	J	Consideration: Medical services				191.00
ACCOUNT NO. 321xxxx H & R Accounts, Inc. o/b/o Centegra Northern IL PO Box 672 Moline, IL 61266-0672	H	Consideration: Medical services				191.00
ACCOUNT NO. 320xxxx H & R Accounts, Inc. o/b/o Centegra Northern IL PO Box 672 Moline, IL 61266-0672	H	Consideration: Medical services				173.00
ACCOUNT NO. 321xxxx H & R Accounts, Inc. o/b/o Centegra Northern IL PO Box 672 Moline, IL 61266-0672	H	Consideration: Medical services				66.00
ACCOUNT NO. 321xxxx H & R Accounts, Inc. o/b/o Centegra Northern IL PO Box 672 Moline, IL 61266-0672	H	Consideration: Medical services				173.00

Sheet no. 15 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	794.00
Total	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 459xxxx Harvard Collection Service o/b/o Jewel 4839 N. Elston Chicago, IL 60630	H					59.00
ACCOUNT NO. 7208220 Harvard Collection Service o/b/o McHenry Dental Specialists 4839 N. Elston Chicago, IL 60630	H	Consideration: Medical services				63.00
ACCOUNT NO. 3031875450180xxxx Heller & Frisone o/b/o TCF National Bank 33 North LaSalle Street Chicago, IL 6062	H	Consideration: NSF Check				320.00
ACCOUNT NO. 1847 J & K Pediatrics 4119 W. Shamrock Lane McHenry, IL 60050		Consideration: Medical services				659.10
ACCOUNT NO. 1847 J & K Pediatrics 4119 W. Shamrock Lane McHenry, IL 60050	H	Consideration: Medical services				649.10

Sheet no. 16 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,750.20

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 168350 Lou Harris Company o/b/o Allergy Asthma Associates 613 Academy Drive Northbrook, IL 60062-2420	H	Consideration: Medical services				267.00
ACCOUNT NO. 58114QMRIG McHenry Radiologists PO Box 220 McHenry, IL 60050	H	Consideration: Medical services				37.98
ACCOUNT NO. 41278-WMRIG McHenry Radiologists PO Box 220 McHenry, IL 60050	H	Consideration: Medical services				4.05
ACCOUNT NO. 45966-WMRIG McHenry Radiologists PO Box 220 McHenry, IL 60050	H	Consideration: Medical services				2.70
ACCOUNT NO. 180674/M07394201 McHenry Township Fire District PO Box 457 Wheeling, IL 60090	H	Consideration: Medical services				490.00

Sheet no. 17 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 801.73

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2687xxxx Medclear, Inc. 507 Prudential Road Horham, PA 19044-2308	H	Consideration: Medical services				113.00
ACCOUNT NO. 2633xxx Medclear, Inc. 507 Prudential Road Horham, PA 19044-2308	H	Consideration: Medical services				51.00
ACCOUNT NO. 3076xxxx Medclear, Inc. 507 Prudential Road Horham, PA 19044-2308	H	Consideration: Medical services				116.00
ACCOUNT NO. 2065xxx Medclear, Inc. 507 Prudential Road Horham, PA 19044-2308	H	Consideration: Medical services				76.00
ACCOUNT NO. 2631xxxx Medclear, Inc. 507 Prudential Road Horham, PA 19044-2308	H	Consideration: Medical services				195.00

Sheet no. 18 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 551.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1909xxxx Medclear, Inc. 507 Prudential Road Horham, PA 19044-2308	H	Consideration: Medical services				337.00
ACCOUNT NO. 1931xxxx Medclear, Inc. 507 Prudential Road Horham, PA 19044-2308	H	Consideration: Medical services				210.00
ACCOUNT NO. 1980xxxx Medclear, Inc. 507 Prudential Road Horham, PA 19044-2308	H	Consideration: Medical services				337.00
ACCOUNT NO. 1854xxxx Medclear, Inc. 507 Prudential Road Horham, PA 19044-2308	H	Consideration: Medical services				37.00
ACCOUNT NO. 1854xxxx Medclear, Inc. 507 Prudential Road Horham, PA 19044-2308	H	Consideration: Medical services				280.00

Sheet no. 19 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$	1,201.00
Total	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1735 Medclear, Inc. 507 Prudential Road Horham, PA 19044-2308	H	Consideration: Medical services				187.00
ACCOUNT NO. 1588 Medclear, Inc. 507 Prudential Road Horham, PA 19044-2308	H	Consideration: Medical services				187.00
ACCOUNT NO. 1523xxxx Medclear, Inc. 507 Prudential Road Horham, PA 19044-2308	H	Consideration: Medical services				280.00
ACCOUNT NO. 8070884434 Merchants Credit Guide o/b/o Tony Fu, MD 223 W. Jackson Blvd. Chicago, IL 60606	H	Consideration: Medical services				128.00
ACCOUNT NO. 8515289126 Midland Credit Management o/b/o Ameritech PO Box 939019 San Diego, CA 92193-9019	H	Consideration: Phone Service				380.00

Sheet no. 20 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,162.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 851528xxxx Midland Credit Management PO Box 939019 San Diego, CA 92193-9019	H	Consideration: Credit card debt				380.00
ACCOUNT NO. MNI707263001653 Moraine ER Physicians PO Box 8759 Philadelphia, PA 19101-8759	H	Consideration: Medical services				32.60
ACCOUNT NO. 1854 Moraine ER Physicians PO Box 8759 Philadelphia, PA 19101-8759	H	Consideration: Medical services				37.00
ACCOUNT NO. 15884484 Moraine ER Physicians PO Box 8759 Philadelphia, PA 19101-8759	H	Consideration: Medical services				187.00
ACCOUNT NO. 17359897 Moraine ER Physicians PO Box 8759 Philadelphia, PA 19101-8759	H	Consideration: Medical services				187.00

Sheet no. 21 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 823.60

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 18545281 Moraine ER Physicians PO Box 8759 Philadelphia, PA 19101-8759	H	Consideration: Medical services				280.00
ACCOUNT NO. 19803226 Moraine ER Physicians PO Box 8759 Philadelphia, PA 19101-8759	H	Consideration: Medical services				337.00
ACCOUNT NO. 1364580 National Credit Systems, Inc. o/b/o Shamrock Health & Fitness PO Box 312125 Atlanta, GA 31131-2125	H	Consideration: Membership Dues				313.00
ACCOUNT NO. 740xxxx NCO Financial 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				593.00
ACCOUNT NO. 69494xxxx NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				50.00

Sheet no. 22 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,573.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 67183L NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				50.08
ACCOUNT NO. 1854 NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				Notice Only
ACCOUNT NO. 26338467 NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				51.00
ACCOUNT NO. 26877203 NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				113.00
ACCOUNT NO. 30659522 NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				76.00

Sheet no. 23 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 290.08

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 30761032 NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				116.00
ACCOUNT NO. 684686927 NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				281.00
ACCOUNT NO. 694941761 NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				50.00
ACCOUNT NO. 19311876 NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				210.00
ACCOUNT NO. 19090903 NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				332.00

Sheet no. 24 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 989.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 26312705 NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				195.00
ACCOUNT NO. 15231089 NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				280.00
ACCOUNT NO. 15884484 NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				Notice Only
ACCOUNT NO. 17359897 NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				Notice Only
ACCOUNT NO. 18545281 NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H	Consideration: Medical services				Notice Only

Sheet no. 25 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	\$ 475.00
Total	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Consideration: Medical services				Notice Only
NCO Financial o/b/o Moraine ER Physicians 507 Prudential Road Horsham, PA 19044	H					
ACCOUNT NO. 739xxxx		Consideration: Medical services				281.00
OSI o/b/o Moraine ER Physicians 1375 E. Woodfield Road, Ste 110 Schaumburg, IL 60173-5447	H					
ACCOUNT NO. 739xxxx		Consideration: Medical services				22.00
OSI o/b/o Moraine ER Physicians 1375 E. Woodfield Road, Ste 110 Schaumburg, IL 60173-5447	H					
ACCOUNT NO. 738xxxx		Consideration: Medical services				46.00
OSI o/b/o Moraine ER Physicians 1375 E. Woodfield Road, Ste 110 Schaumburg, IL 60173-5447	H					
ACCOUNT NO. 7389610		Consideration: Medical services				46.00
OSI o/b/o Moraine ER Physicians 1375 E. Woodfield Road, Ste 110 Schaumburg, IL 60173-5447	H					
<div style="display: flex; justify-content: space-between;"> <div>Sheet no. <u>26</u> of <u>28</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims</div> <div>Subtotal &gt;</div> <div>\$ 395.00</div> </div>						
<div style="display: flex; justify-content: space-between;"> <div></div> <div>Total &gt;</div> <div>\$</div> </div>						

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7393726 OSI o/b/o Moraine ER Physicians 1375 E. Woodfield Road, Ste 110 Schaumburg, IL 60173-5447	H	Consideration: Medical services				22.00
ACCOUNT NO. 7393721 OSI o/b/o Moraine ER Physicians 1375 E. Woodfield Road, Ste 110 Schaumburg, IL 60173-5447	H	Consideration: Medical services				281.00
ACCOUNT NO. Pay Day Loan Store 810 Front Street, Unit D McHenry, IL 60050	H	Consideration: Personal loan				650.32
ACCOUNT NO. 98000000001959461 Pelletieri & Associates o/b/o Centegra NIMC 991 Oak Creek Drive Lombard ,IL 60148	H	Consideration: Medical services				472.00
ACCOUNT NO. 98000000001857273 Pelletieri & Associates o/b/o Centegra NIMC 991 Oak Creek Drive Lombard ,IL 60148	J	Consideration: Medical services				60.00

Sheet no. 27 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,485.32

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4146830000179868 Salute/UTB PO Box 10555 Atlanta, GA 30310	H	Consideration: Credit card debt				684.25
ACCOUNT NO. 815353276 Verizon Wireless PO Box 1850 Folsom, CA 95763	H	Consideration: Wireless				592.00
ACCOUNT NO. 1910116 Vision Financial Corporation o/b/o Union Acceptance PO Box 900 Purchase, NY 10577-0900	H	Consideration: Vehicle				15,377.89
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
Subtotal						\$ 16,654.14
Total						\$ 70,322.23

Sheet no. 28 of 28 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re James Arthur Payton & Kimberly Ann Payton Case No. \_\_\_\_\_  
Debtor (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re James Arthur Payton & Kimberly Ann Payton

**Debtor**

Case No. \_\_\_\_\_

(if known)

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)

In re James Arthur Payton &amp; Kimberly Ann Payton

Case (if known)

Debtor

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): daughter, daughter, daughter	AGE(S): 11, 9, 5
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	Saw Operator	Program Technician
Name of Employer	Scot Forge	Pioneer Center
How long employed	1 year 9 months	7 months
Address of Employer	8001 Win Road, Box 8	4001 W Dayton
	Spring Grove, IL 60081	McHenry, IL 60050

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly.)	\$ 3,841.93	\$ 764.24
2. Estimated monthly overtime	\$ 0.00	\$ 0.00
3. SUBTOTAL	\$ 3,841.93	\$ 764.24
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 592.36	\$ 96.26
b. Insurance	\$ 323.05	\$ 0.00
c. Union Dues	\$ 0.00	\$ 0.00
d. Other (Specify: (D)Life .95 Misc. 75.34 Uniforms 8.25 401K 62.06 (S)United 4.00 Weight Watchers 26.00)	\$ 635.26	\$ 60.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 1,550.67	\$ 156.26
6.. TOTAL NET MONTHLY TAKE HOME PAY	\$ 2,291.26	\$ 607.98
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ 0.00	\$ 0.00
8. Income from real property	\$ 0.00	\$ 0.00
9. Interest and dividends	\$ 0.00	\$ 0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ 0.00	\$ 0.00
11. Social security or other government assistance (Specify)	\$ 0.00	\$ 0.00
12. Pension or retirement income	\$ 0.00	\$ 0.00
13. Other monthly income (Specify)	\$ 0.00	\$ 0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 0.00	\$ 0.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on Lines 6 and 14)	\$ 2,291.26	\$ 607.98
16. COMBINED AVERAGE MONTHLY INCOME (Combine column totals from line 15)	\$ 2,899.24	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None



In re James Arthur Payton & Kimberly Ann Payton

Debtor

Case No. (if known)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 1,085.00
a. Are real estate taxes included? Yes _____ No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes _____ No <input checked="" type="checkbox"/>	
2. Utilities: a. Electricity and heating fuel	\$ 150.00
b. Water and sewer	\$ 0.00
c. Telephone	\$ 80.00
d. Other Garbage 30.00 Cells 120	\$ 150.00
3. Home maintenance (repairs and upkeep)	\$ 0.00
4. Food	\$ 640.00
5. Clothing	\$ 70.00
6. Laundry and dry cleaning	\$ 30.00
7. Medical and dental expenses	\$ 175.00
8. Transportation (not including car payments)	\$ 420.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 50.00
10. Charitable contributions	\$ 0.00
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ 0.00
b. Life	\$ 0.00
c. Health	\$ 320.00
d. Auto	\$ 115.00
e. Other	\$ 0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	\$ 0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 180.00
b. Other Auto Payment	\$ 308.00
c. Other	\$ 0.00
14. Alimony, maintenance, and support paid to others	\$ 0.00
15. Payments for support of additional dependents not living at your home	\$ 0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ 0.00
17. Other School Expenses	\$ 90.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)	\$ 3,863.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I (includes spouse income of \$607.98. See Schedule I)	\$ 2,899.24
b. Average monthly expenses from Line 18 above	\$ 3,863.00
c. Monthly net income (a. minus b.) (Net includes Debtor/Spouse combined Amounts)	\$ -963.76

**B6 Summary (Official Form 6 - Summary) (12/07)**

# United States Bankruptcy Court

Northern District of Illinois

In re James Arthur Payton & Kimberly Ann Payton  
Debtor

Case No. \_\_\_\_\_

Chapter 7

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

### AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 6,000.00		
B - Personal Property	YES	3	\$ 14,491.84		
C - Property Claimed as exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 11,810.35	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	29		\$ 70,322.23	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 2,899.24
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 3,863.00
<b>TOTAL</b>		41	\$ 20,491.84	\$ 82,132.58	

United States Bankruptcy Court  
Northern District of IllinoisIn re James Arthur Payton & Kimberly Ann Payton

Debtor

Case No. \_\_\_\_\_

Chapter 7**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

**State the Following:**

Average Income (from Schedule I, Line 16)	\$ 2,899.24
Average Expenses (from Schedule J, Line 18)	\$ 3,863.00
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 6,459.31

**State the Following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 6,601.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 70,322.23
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 76,923.23

James Arthur Payton & Kimberly Ann Payton

In re \_\_\_\_\_ Case No. \_\_\_\_\_  
Debtor (If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 43 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 8 February 2008 Signature: /s/ James Arthur Payton  
Debtor:

Date 8 February 2008 Signature: /s/ Kimberly Ann Payton  
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address  
X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_ Signature: \_\_\_\_\_  
[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

In Re James Arthur Payton & Kimberly Ann Payton

Case No. \_\_\_\_\_  
(if known)

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

None  
☒

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

**2. Income other than from employment or operation of business**

None  
☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

**3. Payments to creditors**

None  
☒

*Complete a. or b., as appropriate, and c.*

*a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF  
PAYMENTS

AMOUNT  
PAID

AMOUNT STILL  
OWING

None  
☒

*b. Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR  
AND RELATIONSHIP TO DEBTOR

DATES OF  
PAYMENTS

AMOUNT  
PAID

AMOUNT STILL  
OWING

None



c. *All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR  
AND RELATIONSHIP TO DEBTOR

DATES OF  
PAYMENTS

AMOUNT PAID

AMOUNT STILL  
OWING

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT  
AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR  
AGENCY AND LOCATION

STATUS OR  
DISPOSITION

H & R Accounts Inc. v.  
James Payton, 07 SC  
4237

Small Claims

McHenry County, Illinois

Pending Judgment

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF  
PERSON FOR WHOSE BENEFIT  
PROPERTY WAS SEIZED

DATE OF  
SEIZURE

DESCRIPTION AND  
VALUE OF PROPERTY

**5. Repossessions, foreclosures and returns**

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS OF  
CREDITOR OR SELLER

DATE OF REPOSESSION,  
FORECLOSURE SALE,  
TRANSFER OR RETURN

DESCRIPTION AND  
VALUE OF PROPERTY

**6. Assignments and Receiverships**

None  
☒

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS  
OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF  
ASSIGNMENT  
OR SETTLEMENT

None  
☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS  
OF CUSTODIAN

NAME AND LOCATION  
OF COURT CASE TITLE  
& NUMBER

DATE OF  
ORDER

DESCRIPTION AND  
VALUE OF PROPERTY

**7. Gifts**

None  
☒

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS OF  
PERSON OR ORGANIZATION

RELATIONSHIP  
TO DEBTOR, IF ANY

DATE OF  
GIFT

DESCRIPTION AND  
VALUE OF GIFT

**8. Losses**

None  
☒

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION  
AND VALUE  
OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS  
WAS COVERED IN WHOLE OR IN PART BY  
INSURANCE, GIVE PARTICULARS

DATE OF  
LOSS



**9. Payments related to debt counseling or bankruptcy**

None ☒ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
------------------------------	---	--

**10. Other transfers**

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None ☒

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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**11. Closed financial accounts**

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------------	--	--

**12. Safe deposit boxes**

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	---	-------------------------	---------------------------------------

**13. Setoffs**

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

None ☒ If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Sites**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	-----------------------

**18. Nature, location and name of business**

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME	ADDRESS
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**[Questions 19 - 25 are not applicable to this case]**

\* \* \* \* \*

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	8 February 2008	Signature of Debtor	/s/ James Arthur Payton JAMES ARTHUR PAYTON
Date	8 February 2008	Signature of Joint Debtor	/s/ Kimberly Ann Payton KIMBERLY ANN PAYTON

0 continuation sheets attached

***Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571***

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**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

\_\_\_\_\_  
Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social Security No. (Required by 11 U.S.C. § 110(c).)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.*

\_\_\_\_\_  
Address

X  
\_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

***A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.***

Document Page 62 of 82  
UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

In re James Arthur Payton & Kimberly Ann Payton,  
Debtor

Case No. \_\_\_\_\_  
Chapter 7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

*[Check each applicable box]*

- ☒ We have filed a schedule of assets and liabilities which includes debts secured by property of the estate.  
☐ We have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.  
☒ We intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be Reaffirmed pursuant to 11 U.S.C. § 524(c)
2000 Chevrolet Minivan Time Share	Nationwide Blue Green	✓	✓		✓

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
NONE		

Date: 8 February 2008

/s/ James Arthur Payton  
Signature of Debtor JAMES ARTHUR PAYTON

Date: 8 February 2008

/s/ Kimberly Ann Payton  
Signature of Joint Debtor KIMBERLY ANN PAYTON

**CERTIFICATION OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

\_\_\_\_\_  
Printed or Typed Name of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social Security No. (Required by 11 U.S.C. § 110(c).)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal responsible person or partner who signs this document.*

\_\_\_\_\_  
Address

X

\_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

Names and Social Security Numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.*

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.



2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

X  
Signature of Bankruptcy Petition Preparer or officer,  
principal, responsible person, or partner whose Social  
Security number is provided above.

Social Security number (If the bankruptcy petition  
preparer is not an individual, state the Social Security  
number of the officer, principal, responsible person, or partner of  
the bankruptcy petition preparer.) (Required  
by 11 U.S.C. § 110.)

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

James Arthur Payton & Kimberly Ann Payton  
Printed Name(s) of Debtor(s)

Case No. (if known) \_\_\_\_\_

X/s/ James Arthur Payton 8 February 2008  
Signature of Debtor Date

X/s/ Kimberly Ann Payton 8 February 2008  
Signature of Joint Debtor (if any) Date

A/R Concepts  
o/b/o Anesthesia Associates  
33 W. Higgins Road, Suite 715  
S. Barrington, IL 60010

A/R Concepts  
o/b/o McHenry Radiology  
33 W. Higgins Road, Suite 715  
S. Barrington, IL 60010

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ACC International  
o/b/o NIMC  
919 Estes Court  
Schaumburg, IL 60193

ACC International  
o/b/o NIMC  
919 Estes Court  
Schaumburg, IL 60193

Accounts Receivable Management  
o/b/o John Elstrom  
7507 N 2nd Street Unit C  
Machesney Park, IL 61115

Allergy Asthama Associates c/o  
Lou Harris Company  
613 Academy Drive  
Northbrook, iL 60062-2420

American Collections  
o/b/o Centegra NIMC  
919 W. Estes Court  
Schaumburg, IL 60193

American Collections  
o/b/o Center for Neurology  
919 W. Estes Court  
Schaumburg, IL 60193

American Collections  
o/b/o Family Services  
919 W. Estes Court  
Schaumburg, IL 60193

American Collections  
o/b/o Family Services  
919 W. Estes Court  
Schaumburg, IL 60193

Ameritech  
c/o Midland Credit Management  
8875 Aero Drive STE 2  
San Diego, CA 92123

Anesthesia Associates  
c/o A/R Concepts  
2320 Dean St  
St Charles, IL 60175

Anesthesia Associates of Crystal Valley  
4309 Medical Center Drive  
Suite A201  
McHenry, IL 60050

Anethesia Associates Crystal Valley  
c/o A/R Concepts  
2320 Dean St suite 202  
StCharles, IL 60175

Asset Acceptance LLC  
o/b/o Med Clear, Inc.  
PO Box 2036  
Warren, MI 48090-2036

Asset Acceptance LLC  
o/b/o NICOR  
PO Box 2036  
Warren, MI 48090-2036

Automated Accounts Management Svcs  
o/b/o Centegra NIMC  
4800 Mills Civic Pkwy - Ste 202  
W. Des Moines, IA 50265-5265

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4960 Blue Lake Drive  
Boca Raton, FL 33431-4453

Centegra Health System  
PO Box 17 Dept. 8101-0020  
Arrowsmith, IL 61722-0017

Centegra Health Systems  
PO Box 5995  
Peoria, IL 61601-5995

Centegra Health Systems  
PO Box 5995  
Peoria, IL 61601-5995

Centegra NIMC  
Payment Processing Center  
PO Box 17  
Arrowsmith, IL 61722-0017

Centegra Primary Care  
4301 Medical Center Drive  
MCHenry, IL 60050

Center for Neurology  
c/o American Collection Corp.,  
919 Estes Ct  
Schaumburg, IL 60193-4427

Certified Services, Inc.  
o/b/o Johnsburg Dental  
PO Box 177  
Waukegan, IL 60099

Certified Services, Inc.  
o/b/o NICL Laboratories  
PO Box 177  
Waukegan, IL 60099



Certified Services, Inc.  
o/b/o Northern Illinois Pediatrics  
PO Box 177  
Waukegan, IL 60099

Certified Services, Inc.  
o/b/o Parmod Narang MD  
PO Box 177  
Waukegan, IL 60099

Exelon Comed  
c/o Harvard Collection Services  
4839 n Elston Ave  
Chciago, iL 60630-2534

Family Service Community  
c/o American Collection Corp.,  
919 Estes Ct  
Schaumburg, IL 60193-4427

Family Services  
c/o American Collection Corp.,  
919 Estes Court  
Schaumburg, IL 60193-4427

H & R Accounts, Inc.  
o/b/o Centegra Northern IL  
PO Box 672  
Moline, IL 61266-0672

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PO Box 672  
Moline, IL 61266-0672

Harvard Collection Service  
o/b/o Jewel  
4839 N. Elston  
Chicago, IL 60630

Harvard Collection Service  
o/b/o McHenry Dental Specialists  
4839 N. Elston  
Chicago, IL 60630

Heller & Frisone  
o/b/o TCF National Bank  
33 North LaSalle Street  
Chicago, IL 6062

Illinois Title Loans  
700 Front Street  
McHenry, IL 60050

J & K Pediatrics  
4119 W. Shamrock Lane  
McHenry, IL 60050

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4119 W. Shamrock Lane  
McHenry, IL 60050

Lou Harris Company  
o/b/o Allergy Asthma Associates  
613 Academy Drive  
Northbrook, IL 60062-2420

McHenry Radiologists  
PO Box 220  
McHenry, IL 60050

McHenry Radiologists  
PO Box 220  
McHenry, IL 60050

McHenry Radiologists  
PO Box 220  
McHenry, IL 60050

McHenry Township Fire District  
PO Box 457  
Wheeling, IL 60090

Medclear, Inc.  
507 Prudential Road  
Horham, PA 19044-2308

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Horham, PA 19044-2308

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507 Prudential Road  
Horham, PA 19044-2308

Merchants Credit Guide  
o/b/o Tony Fu, MD  
223 W. Jackson Blvd.  
Chicago, IL 60606

Midland Credit Management  
o/b/o Ameritech  
PO Box 939019  
San Diego, CA 92193-9019

Midland Credit Management  
PO Box 939019  
San Diego, CA 92193-9019

Moraine ER Physicians  
PO Box 8759  
Philadelphia, PA 19101-8759

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PO Box 8759  
Philadelphia, PA 19101-8759

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Philadelphia, PA 19101-8759

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Philadelphia, PA 19101-8759

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PO Box 8759  
Philadelphia, PA 19101-8759

National Credit Systems, Inc.  
o/b/o Shamrock Health & Fitness  
PO Box 312125  
Atlanta, GA 31131-2125

Nationwide Credit  
3435 N. Cicero Avenue  
Chicago, IL 60641-3782

NCO Financial  
507 Prudential Road  
Horsham, PA 19044

NCO Financial  
o/b/o Moraine ER Physicians  
507 Prudential Road  
Horsham, PA 19044

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Horsham, PA 19044

NCO Financial  
o/b/o Moraine ER Physicians  
507 Prudential Road  
Horsham, PA 19044

OSI  
o/b/o Moraine ER Physicians  
1375 E. Woodfield Road, Ste 110  
Schaumburg, IL 60173-5447

OSI  
o/b/o Moraine ER Physicians  
1375 E. Woodfield Road, Ste 110  
Schaumburg, IL 60173-5447

OSI  
o/b/o Moraine ER Physicians  
1375 E. Woodfield Road, Ste 110  
Schaumburg, IL 60173-5447

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Schaumburg, IL 60173-5447

OSI  
o/b/o Moraine ER Physicians  
1375 E. Woodfield Road, Ste 110  
Schaumburg, IL 60173-5447

Pay Day Loan Store  
810 Front Street, Unit D  
McHenry, IL 60050

Pelletieri & Associates  
o/b/o Centegra NIMC  
991 Oak Creek Drive  
Lombard ,IL 60148

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o/b/o Centegra NIMC  
991 Oak Creek Drive  
Lombard ,IL 60148



Salute/UTB  
PO Box 10555  
Atlanta, GA 30310

Verizon Wireless  
PO Box 1850  
Folsom, CA 95763

Vision Financial Corporation  
o/b/o Union Acceptance  
PO Box 900  
Purchase, NY 10577-0900

B203  
12/94

# United States Bankruptcy Court

Northern District of Illinois

In re James Arthur Payton & Kimberly Ann Payton

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 1,700.00

Prior to the filing of this statement I have received ..... \$ 1,700.00

Balance Due ..... \$ 0.00

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

### CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

8 February 2008

*Date*

/s/ Scott A. Bentley

*Signature of Attorney*

*Name of law firm*